Urban and Rural Barriers to Healthcare Accessibility: A Systematic Literature Review

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Opportunity

Background & Significance:
• Vulnerable populations continue to experience the majority of disparities related to healthcare accessibility throughout the United States.
• The US Census Bureau dichotomizes the American population into either urban (>50,000 occupants) or rural (<50,000 occupants) geographical areas.
• Access to care is a poorly defined and operationalized construct.

Aims:
• Provide an integrated summary of the recent literature regarding barriers to healthcare accessibility among vulnerable populations residing in urban and rural geographical areas.
• Identify any gaps in the conceptual framework for access to healthcare.

Perceived Stigma
• Reported barriers to seeking treatment for:
  • Substance abuse
  • Care utilization in rural LGBT populations
  • HIV/AIDS care

Policy Influence
• Reduced program funding:
  • Homeless medical outreach programs
  • Care for women with abnormal cancer screening
  • Insurance influencing travel distance for preferred facilities
• Fear of legal problems:
  • Substance abuse treatment
  • Access to sterile syringe exchange programs

Impact
• Despite vast geographical and population differences between urban and rural areas:
  • There were fewer differences in barriers than expected between the two
  • Many themes common to both
• Definition of vulnerable populations different than standard ideas:
  • To provide the most optimal care for all, need to expand this definition
• Conceptual model not 100% fit for care accessibility (e.g., dermatology, etc.):
  • Expanding model work-in-progress
• Generated future research questions:
  • “What influences do state, federal, institutional, and organizational policies have on these identified access variables?”
  • “Are there differences with barriers to specialty care or particular patient populations (e.g., the elderly, varying cultural or socioeconomic groups)?”

References: